Complete and send this form, together with applicable fee(s), to: Mail					top ISSUE issioner fo ox 1450				
(SEP 0 8 2005		_	Alexan	idria, Virg	inia 22313	-1450		
INSTRUCTIONS: This appropriate. All further coindicated unless corrected maintenance fee notification	m should be use for tran connecting the land otherwise as	smitting the ISSU Patent, advance or in Block 1, by (a	or <u>Fax</u> E FEE and PUI ders and notifica) specifying a ne		46-4000 FEE (if requenance fees wence address;	ired). Blocks vill be mailed and/or (b) in	1 through 5 s to the current dicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE 20350 7:		Note: A certificate of mailing can only be used Fee(s) Transmittal. This certificate cannot be used papers. Each additional paper, such as an assignment of the paper its own certificate of mailing or transmission.				for any other accompanying			
TWO EMBARCA	ND TOWNSEND AND DERO CENTER D, CA 94111-3834	,		I hereby of the second of the	Cer certify that the stal Service volume to the Mai	rtificate of Ma his Fee(s) Tran with sufficient 1 Stop ISSUE TO (703) 746	smittal is bein postage for fir FEE address	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
SAN FRANCISCO	01 EC:1501	1400.00 D 300.00 D	A			Stephar		(Depositor's name)	
	02 FC:1504 03 FC:8001	300.00 I	# ₩——	ma		-2.5	tuta	(Signature)	
	V V V V				ember 2	2005	Julian	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED IN			ATTORNEY	OOCKET NO.	CONFIRMATION NO.	
09/816,625	03/22/2001		rai	16869P016300			7109		
TITLE OF INVENTION: A			2005 HGUTE	MA2 0000000		7103			
				01 FC:1 02 FC:1	1504	1400.00 DA 300.00 DA 30.00 DA	ì		
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION		TOTAL FE		DATE DUE	
nonprovisional	nonprovisional NO \$140		\$300)	\$1	700	09/07/2005	
EXAMINER ART U			ІТ	CLASS-SUB	CLASS]			
FLEURANTIN, JEAN B 21				707-0060	000	,			
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T							
PLEASE NOTE: Unless	an assignee is identified be	low, no assignee	data will annear	on the natent	If an assign	ee is identifie	d below, the d	locument has been filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Hitachi, Ltd. Tok					o, Japan				
Please check the appropriate	assignee category or category	ries (will not be pri	inted on the pater	nt): 🗖 Indiv	vidual 🎾 Co	orporation or o	ther private gr	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):									
¥ Issue Fee ☐ A check in the amount of Publication Fee (No small entity discount permitted) ☐ Payment by credit card. F									
Advance Order - # of	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number								
			Deposit Accoun	t Number2	0-1430	(end	lose an extra c	copy of this form).	
a. Applicant claims S	(from status indicated above MALL ENTITY status. See 3	37 CFR 1.27.	☐ b. Applicant						
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publicate vill not be accepted int and Trademark	tion Fee (if any) of I from anyone of Office.	or to re-apply a her than the app	any previousl plicant; a regi	y paid issue fe stered attorney	e to the application or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature	With	will			Date	Septembe	r 2, 20	05	
Typed or printed name	Robert C. C					No27			
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT's for reducing this burden, shinia 22313-1450. DO NOT \$ 1450.	11. The information 122 and 37 CFR 122 and 37 CFR 123. Time will vary ould be sent to the SEND FEES OR C	n is required to o 1.14. This collect depending upon c Chief Informati COMPLETED FO	btain or retain tion is estimate the individual on Officer, U.S DRMS TO THI	a benefit by t d to take 12 i case. Any co S. Patent and IS ADDRESS	he public whice minutes to construct on the Trademark Of S. SEND TO: 0	th is to file (an aplete, including amount of ti- fice, U.S. Dep Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.